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SERIAL NUMBER 10/644,406	FILING DATE 08/19/2003 RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. 017516-002120US
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snv
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** CONTINUING DATA ***** *yes snb*

This application is a CON of 10/163,626 06/05/2002 PAT 6,671,581/
 which is a CON of 09/373,678 08/13/1999 PAT 6,424,885
 which claims benefit of 60/128,160 04/07/1999
 (*) ~~Data provided by applicant is not consistent with PTO records.~~

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 27	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>Steven R. Garland snb</i>	Initials	

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TITLE
 Camera referenced control in a minimally invasive surgical apparatus

<p>FILING FEE RECEIVED 375</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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